LANGPORT

RURAL DISTRICT COUNCIL.

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1907.

LANGPORT: G. H. HEMMEL, THE HERALD PRESS.

TO THE CHAIRMAN AND MEMBERS

OF THE

Langport

Rural District Council.

GENTLEMEN,—

I have the honour to present my Report for 1907, the seventh annual statement it has been my privilege to lay before you. The health of the District has been good, the general Death-rate being lower than that for any of the preceding ten years.

GEOLOGY (from Dr. S. Munckton's Report).—The Midford Sands, the lowest division of the Oolitic series, and made up of fairly compact sand with nodular masses of Calcareous Sandstone, occur over a considerable portion of the highest ground. Next beneath is a thin representation of the Upper Lias which is not shown in the Geological Survey Map. This consists of an alternation of layers of Clay and Stone, only a few feet in thickness. The Middle Lias comes next below with a few feet of Marlstone, a hard jointed rock at the top, and a considerable thickness of Clayey and Sandy Beds beneath. On the less elevated grounds, the underlying Lower Lias, chiefly Clay, crops out in places.

The water-bearing beds are the Midford Sand and the permeable beds in the Middle Lias, notably the Marlstone mentioned above, in which the slight fissures, formed by the more or less vertical joint-planes, allow of the under-ground flow of water.

OCCUPATION.—Whilst Agriculture is the staple industry, many women and girls are engaged in shirt and collar factories or workshops, and many take in home work—shirt and collar, and gloves—in different parts of the district, whilst a few outworking boot-makers carry on their trade in the Somerton district. A few persons are employed in basket and wicker-chair making, and many families add to their income by stripping withies during a part of the year. At Thorney a number of persons are engaged throughout the year preparing the withies for the weavers.

VITAL STATISTICS.

THE POPULATION.—I estimated that 13,169 persons were living in the District on the 30th of last June. As my method of estimating the population was upset by the advent, and departure, of those employed by the Railway Contractors, the estimate is doubtful, but after examining the Birth and Death Rates for the past ten years I do not believe that my estimate can be very erroneous.

The Local Government Board Tables, with the exception of Table II, are fully filled. Table II cannot be properly filled until after the next census. It is not necessary for me to return this table, but the information given as to the number of Births and Deaths in each Sub-district may in the future be of use to me, or to my successor.

THE NUMBER OF BIRTHS REGISTERED IN 1907.—The number registered during the year was 338. As is usual the boys were more numerous than the girls. Six of the children in the Somerton Sub-district were illegitimate. I do not know how many children were born of unmarried women in the Langport Sub-district.

The Births registered were:—

	Boys.	Girls.	Total.
Langport Sub-district	96	79	175
Somerton ,, ,, ...	84	79	163
Whole District	180	158	338

The number is above the average for the previous ten years (333·3), and taking into consideration the estimated decrease in population is satisfactory (v Table I).

THE BIRTH RATE per 1,000 of the population was 25·66, being above the decennial mean and higher than that for any one of the previous ten years except 1903.

The Rate for the whole of England and Wales was 26·3; the rate for England and Wales, 218 towns being excluded, was 25·6 per 1,000 of population.

THE NUMBER OF DEATHS REGISTERED IN THE DISTRICT at all ages, and from all causes was:—

Langport Sub-district	106
Somerton ,, ,, ...	80
Whole District	186

I have been able to obtain information as to the causes of death, age, etc., of nine persons, belonging to the district, who died in Public Institutions beyond the District.

Three persons died in Cotford Asylum, five in Taunton Hospital and one in Bristol General Hospital.

All the nine previously resided in the Somerton Sub-district.

The Deaths of these persons are placed under their proper headings in Table IV, are included in Table II, and taken account of in columns 10, 11 and 12 of Table I. The Tables in this respect are more complete than in former years.

THE NUMBER OF DEATHS BELONGING TO THE DISTRICT was :—

Langport Sub-district	106
Somerton ,, ,, ...	89
Whole District	195

This number is less than that for any of the preceding ten years in spite of the nine deaths that occurred beyond the District being included.

THE GENERAL DEATH RATE.—This rate, based on the total number of Deaths belonging to the District, was 14·808 per 1,000 population ; the decennial mean was 15·9, the lowest rate recorded in the previous ten years was 14·84 (1903).

The Death Rate calculated, as in previous years, on the number of Deaths registered in District was 14·12.

The Rate for the whole of England and Wales was 15·0, and 14·7 when the Deaths occurring in 218 towns were not included.

The lower Death Rate in the whole District is undoubtedly due to the small mortality in the Somerton Sub-district; even after the inclusion of the nine Deaths occurring beyond the District the number is much below the average (v Table II.).

The number of Births exceeded the Deaths (total) by 143, in 1906 there were 109 more Births than Deaths, whilst the average excess for the ten years 1897-1906 was 117.

THE NUMBER OF DEATHS OF INFANTS under one year of age was 28, which, although under the ten year average, is eight more than in 1906, when the Births were 23 less than in 1907. In the past year 16 deaths occurred among children under one month—in 1906 only eight children died within four weeks of Birth—eleven dying in the first week of life (v Table V.). After the first month there were 12 deaths, as in 1906. I need not write more on this subject except that I am pleased to be able to report that no child was suffocated by overlying.

THE INFANTILE DEATH RATE (per 1,000 Births) was 82·84. The decemial mean was 93·6. The rate for 1906 63·49, that for 1901 71·42 ; the Rate is lower than that for any other of the preceding ten years. The highest Infantile Death Rates were recorded in 1899 (159·87) and in 1903 (108·38). This Rate varies greatly

from year to year (v Table I., col. 6), but it has the virtue of being reliable, depending as it does on the actual number of Births and Deaths registered.

The Infantile Death Rate for England and Wales was 118 per 1,000 of Births ; after excluding 218 towns, 106 per 1,000 Births.

THE ZYMOTIC DEATH RATE.

Three Deaths from Diphtheria, two from Whooping Cough, and one due to Diarrhœa produce a Zymotic Death Rate of ·45 per 1,000 population ; in 1906 the Rate was ·3 ; the average for the five years preceding 1906 was ·78. For England and Wales the Rate was 1·28 ; excluding the 218 towns the Rate was ·91.

CASES OF INFECTIOUS DISEASE NOTIFIED.

	1907.	1906.	1905.	1904-1901.
SMALL-POX	0	0	62	0

DIPHTHERIA.

	1907.	1906.	1905.	1904.	1903.	1902.	1901
Langport Sub-district...	4	0	7	1	6	9	3
Somerton ,, ,, ...	5	19	74	27	1	0	0
Whole District ...	9	19	81	28	7	9	3

ERYSIPELAS.

Langport Sub-district...	4	6	2	7	1	3	1
Somerton ,, ,, ...	0	2	4	2	2	1	1
Whole District ...	4	8	6	9	3	4	2

SCARLET FEVER.

Langport Sub-district...	10	12	34	10	5	10	11
Somerton ,, ,, ...	13	11	5	5	8	18	34
Whole District ...	23	23	39	15	13	28	45

ENTERIC FEVER.

Langport Sub-district...	0	0	1	0	0	5	3
Somerton ,, ,, ...	0	2	0	3	0	0	3
Whole District ...	0	2	1	3	0	5	6

PEURPERAL FEVER.

Langport Sub-district ..	0	0	0	0	1	0	1
Somerton ,, ,, ...	0	0	1	0	1	0	0
Whole District ...	0	0	1	0	2	0	1

ALL NOTIFIABLE DISEASES.

Langport Sub-district...	18	18	46	18	13	27	19
Somerton „ „ ...	18	34	144	37	12	19	38
Whole District ...	36	52	190	55	25	46	57

The Table shows that the number of cases of Infectious Disease notified compares favourably with the number notified in most of the previous six years.

REMARKS ON THE INCIDENCE OF DISEASE AND CAUSES OF DEATH.

I shall condense this part of my Report as much as possible ; it is useless to write much on subjects, that, time after time, I have fully explained. Short remarks will be enough for those who have read my previous reports ; those who have not done so are unlikely to take any interest in the subject.

SCARLET FEVER.—As in 1906 there were 23 cases notified but there was not a single death. When examining some of the cases —at the request of the medical attendant—I have wondered whether it could really be the same disease that, when I was a young practitioner, was such a fatal affection. The examination of the tongue, as a rule, has convinced me that although its virulence is, for a time at least, abated the disease is the same as that I knew when a young man. Although the type be mild, complications and serious after-effects are still liable to occur. The apparently trivial affection does not frighten mothers, and I fear that less attention is given to patients than when the disease was more obviously serious.

MEASLES.—This Disease did not cause a death, although it was very prevalent, and schools were closed owing to the scarcity of scholars. I have in former reports mentioned the various complications and sequelæ of this disease and the need of proper nursing and care.

The examination of school children by Medical Inspectors will, if the work be done thoroughly, be of inestimable value to each child, and to the country ; injury caused by Scarlet Fever or Measles will be discovered and the case reported to the child's medical adviser. If examination be of a perfunctory character, a simple inspection, the Act will be absolutely useless. Apart from the effects of the two diseases to which these remarks particularly refer, children are liable to many affections which can be discovered by a thorough examination, but cannot be recognised by a casual inspection.

WHOOPING COUGH.—Two children, both about a year and a half old, died from this Disease. In each case the Disease was certified to have been complicated by convulsions.

There was one death in 1906 ; one in 1905 ; none in 1904 ; six in 1903 ; three in 1902 ; and none in 1901.

In my last Annual Report I expressed the opinion that the mortality from this Disease, and from others, would be reduced were it possible for all poor people to have proper nursing.

I am pleased to learn that the number of trained nurses in the District is likely to be increased.

If the nurse is to act as midwife those who appoint her should make the most thorough enquiries as to her training and experience. A woman who has been half-trained in midwifery is very dangerous to those whom she attends.

DIPHTHERIA.—Four cases from the Langport and five from the Somerton Sub-district were notified. Two deaths occurred in the Langport, and one in the Somerton Sub-district. These cases have been mentioned in my fortnightly reports.

As you know I have been able to discover how most of the persons were infected, but in three cases I could not discover the source of infection. I have reason to doubt whether all persons certified as having Diphtheria really suffer from that Disease.

To prevent undue anxiety in families, and districts, I ask you once more to pay for the examination of swabbings from suspected throats, and also to pay for the examination of the throat and nose of a person who has apparently recovered from the Disease. This is most necessary to prevent epidemics. Germs often exist, and are communicable to other persons, in the upper respiratory passages long after the patient appears to be in perfect health. Although the Board of Guardians cannot pay such fees, I believe that the District Council as the Sanitary Authority has power to do so, to protect the public from very obvious danger.

I am sure that if swabbings from the throats of some cases that have been notified as Diphtheria had been properly examined there would have been fewer cases to report .I have frequently pointed out the serious difficulties met with in the clinical diagnosis of this Disease. Looking at the matter from the financial point of view I believe you would save a considerable sum of money if you insisted that all cases of supposed Diphtheria should be confirmed by culture from swabbings, unless a previous case had occurred in the same house, or the Disease were epidemic. The money spent in fumigating one room with formaldehyde, the hire of a horse, the coal and chemical used in the steam disinfector for beds and other articles, after a single case of Diphtheria, or suspected Diphtheria, would pay for many cultural examinations. The money spent on the disinfection of a house and its contents after Diphtheria is not the only loss the Council suffers ; one of its Inspectors must devote the whole of one day, and often part of a second day, to the special work. His ordinary routine work must be neglected for the time.

ENTERIC FEVER.—There was not a case notified in 1907. I refer you to the table above in the body of the report for statistics

as to the incidence of the Disease. Two deaths occurred in 1901, but the mortality has been nil since that year.

Many Diseases, some quite trivial, others extremely dangerous, may from clinical examination suggest typhoid. Widal's test, if used at the proper time, will prove whether or no a person be suffering from Enteric Fever. I hope you will agree to pay for the examination of blood from persons suspected to be suffering from the Disease. I could mention several cases in which this test has proved most useful.

On this subject, and on the necessity of proper nursing of Enteric cases, I wrote much last year. I need not repeat what was then written.

EPIDEMIC INFLUENZA.—Five deaths were caused by this Disease, four in the Langport and one in the Somerton Sub-district. All those who died were over 70 years of age. One person had previously been suffering from disease of the kidneys. Failure of the heart was mentioned in the other four certificates. Apparently there was no pulmonary complication in any of the cases. One death from this disease occurred in 1906 ; two in 1905 ; six in 1904 ; seven in 1903 ; seven in 1902 ; and five in 1901. Aged persons can, with difficulty, recover strength after even a rather slight attack of this Disease, which must always be considered dangerous among such persons.

PUERPERAL FEVER.—There was not a case notified. I refer you to the Table of Notifiable Disease certified. The last death from septic infection after child-birth was in 1901.

ERYSIPELAS.—Four cases, all in the Langport Sub-district, were notified. There has not been a death from Cutaneous Erysipelas since I have been in office.

OTHER SEPTIC DISEASES.—In the Langport Sub-district a child aged six weeks died from suppuration of the navel. Three persons aged 64, 72, and 83 died from Senile Gangrene in the Somerton Sub-district. In the same district a person aged 55 died from septic infection from an ulcer on a leg, and one from septic pneumonia following an abscess behind the upper part of the throat.

PHTHISIS.—There were seven deaths from Pulmonary Tuberculosis, all between 25 and 65 years, the smallest number since I have held the appointment of Medical Officer of Health. Five of the deaths were in the Langport Sub-district (Huish Episcopi 2, Kingsbury Episcopi 2, and East Lambrook 1). In the Somerton Sub-district one death occurred in Somerton and one at Barton St. David.

The number of deaths in each of the past seven years was :—

	1907.	1906.	1905.	1904.	1903.	1902.	1901.
Langport Sub-district ...	5	2	7	7	2	12	8
Somerton „ „ ...	2	7	3	6	7	5	5
Non-Residents	0	0	0	1	0	1	0
Total	7	9	10	14	9	18	13

THE AVERAGE NUMBER OF DEATHS PER ANNUM FROM PHTHISIS.—

	For two years 1906-1907.	For five years 1901-1905.	For ten years 1891-1900.
Langport Sub-district ...	3·5	7·2	10·6
Somerton ,, ,, ...	4·5	5·2	6·0
Non-Residents	0	·4	?
Total	8	12·8	16·6

The decreased mortality is satisfactory: it is somewhat surprising that more cases of this Disease do not occur in the dirty unventilated hovels that are to be found in the more crowded parts of the District. The only reason I can imagine is that, the houses being so uncomfortable, their inhabitants spend no more time in their homes than is absolutely necessary.

I will not repeat what I have stated in former reports as to disinfection of houses after this disease, but merely remark that I have no reason to believe that the majority of the owners of cottage property are at present willing to spend the small sum of money needed to complete the cleansing of a house,or room, after it has been disinfected by one of your officers. When the notification of this disease is made compulsory in all parts of the country, as sooner or later it must be, disinfection after death, or removal, will always be a necessary sequel.

OTHER TUBERCULAR DISEASES caused six deaths. In the Langport Sub-district there were two cases of Tubercular Laryngitis, one of Meningitis, and in one case the bacillus infected the bowels. One case of Meningitis and one of Myelitis (inflammation of the spinal cord) were certified in the Somerton Sub-district.

CANCER.—Eighteen deaths were caused by malignant growths; eight of the deaths occurred in the Langport and ten in the Somerton Sub-districts.

In order for me to present Tables A and B in the same form as in previous years, it is necessary for me to revert to the old division of the District. I should like to arrange Table C in the same form, but to do so would entail so much work, and occupy so much time, that I consider the table had better be presented as in the last two years.

Of the eight cases belonging to the Langport Sub-district three persons died from Cancer of the liver (ages 55, 71 and 77). one of these died in the Workhouse. The Disease was in two cases in the stomach (ages 41 and 64), in two in the lower bowel (ages 51 and 76), and in one case in the breast (aged 67). In the Somerton Sub-district four women (aged 49, 53, 55 and 64) died from Cancer of the Uterus, in two cases the growth was in the breast (65 and 76), in two cases in the stomach (46 and 78) One person (45) had a tumour in the oesophagus, and one (66) an abdominal growth, the exact location of which was not specified in the certificate.

TABLE A.

THE CANCER MORTALITY IN THIRTY YEARS.

	Number of Deaths in each Period of Five Years.				Average Number of Deaths Annually in each Period.			
	Langport Sub-district	Somerton Sub-district	Curry Rivel Sub-district	Whole District	Langport Sub-district	Somerton Sub-district	Curry Rivel Sub-district	Whole District
1870-1874	5	18	9	32	1·0	3·6	1·8	6·4
1875-1879	4	18	10	32	·8	3·6	2 0	6·4
1880-1884	8	18	13	39	1·6	3·6	2 6	7·8
1885-1889	12	19	11	42	2·4	3·8	2·2	8·4
1890-1894	11	31	9	51	2·2	6·2	1·8	10·2
1895-1899	8	32	14	54	1·6	6·4	2·8	10·8
	48	136	66	250				

TABLE B.

THE NUMBER OF DEATHS CAUSED BY CANCER SINCE 1900.

	Langport Rural District.				County of Somerset.		
	Langport Sub-district	Somerton Sub-district	Curry Rivel Sub-district	Whole District	Rural District	Urban District	Whole County
1900	3	12	3	18	143*	93	236*
1901	2	13	3	18	191	112	303
1902	3	7	4	14	202	107	309
1903	4	15	1	20	216	115	331
1904	3	11	3	17	224	141	365
1905	3	6	3	12	190	131	321
1906	4	6	0	10	168	131	299
Av'r'ge for seven y'rs	3·14	10	2·43	15·5	176·2	104·2	309
1907	5	10	3	18			

TABLE C.

THE DEATHS FROM CANCER PER 100 TOTAL DEATHS.

	Langport Rural District.				County of Somerset.		
	Langport Sub-district	Somerton Sub-district	Curry Rivel Sub-district	Whole District	Rural Districts	Urban Districts	Whole County
1900	6·8	10·62	5·17	8·37	3·92*	4·12	4·0*
1901	5·65	13·13	5·17	8·69	5·78	5·62	5·71
1902	3·77	7·36	7·54	6·93	6·28	4·95	5·78
1903	8·69	15·62	1·88	9·95	6·67	5·8	6·35
1904	6·0	8·59	5·55	7·32	6·54	6·81	6·66
Av'r'ge for five years	6·182	11·064	5·062	8·252	5·838	5 64	5·7
1905	5·382	5·128		5·48	5·77	6·32	5·98
1906	4·395	5·217		4·85	5·26	6·28	5·66
1907	7·547	11·236		9·23			

The total number of deaths was above the mean of the previous seven years, and equals what I fear must be considered the normal average from this Disease. Once more out of every hundred deaths from all causes the number due to this disease was larger in the Somerton than in the Langport District.

*Returns not complete in this year.

BRONCHITIS.—Bronchitis, acute and chronic, and Bronchopneumonia caused seven deaths in the Langport, and twelve in the Somerton Sub-district.

I give the usual table showing the different ages at which death occurred, but arrange it in a more convenient form than in previous years.

	All ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
1901	14	3	1	1	–	2	7
1902	24	10	4	–	–	1	9
1903	18	6	–	–	–	–	12
1904	20	12	–	–	–	2	6
1905	19	4	4	–	–	1	10
1906	18	6	–	–	1	2	9
1907	19	5	–	–	–	4	10
Total for 7 yrs.	132	46	9	1	1	12	63

Of the four deaths that occurred in 1907 between 25 and 65 years of age one person was 35, the others over 50 years. One of those certified to have died from Bronchitis had passed her 95th birthday.

Having frequently explained how difficult it often is to decide, from the certificate, whether a death should be tabulated as due to Chronic Bronchitis or Heart Disease, I need not in this Report attempt to describe the interdependence of the Heart and Lungs late in life.

PNEUMONIA.—Five deaths were certified to have been caused by this Disease.

The number in 1906 was nine, in 1905 ten, in 1904 five, in 1903 nine, in 1902 seven, and in 1901 four.

True Lobar Pneumonia has, I think, without doubt been proved to be due to a specific micro-organism.

It is probable that occasionally a case of some other pulmonary affection, the clinical signs of which resemble those of Pneumonia, is reported as due to that Disease.

PLEURISY.—One death was caused by this Disease, the fourth since 1900.

The pleural cavities may become inflamed owing to the presence of various mico-organisms, but I doubt whether this condition can be caused by "a chill." I believe there is always some serious mischief at the back of the obvious symptoms.

OTHER DISEASES OF THE RESPIRATORY ORGANS.—One person in the Langport Sub-district died from Asthma.

ALCOHOLISM.—Four persons, two in each of the Sub-districts, were certified to have been killed by alcohol. There appears to be some doubt at the present time whether the abuse of this drug frequently causes cirrhosis of the liver. This, however, is a question that has, so far as I know, been only recently brought forward. Perhaps I may have more to report on this matter in future years.

VENEREAL DISEASE.—A child died from Congenital Syphilis when three weeks old; the acquired disease killed a person who had not reached what is known as 'middle age.'

PREMATURE BIRTH.—Three children who were prematurely born died in the first week of separate existence, another was kept alive for four weeks.

DISEASES AND ACCIDENTS OF PARTURITION.—The single death, due to hæmorrhage after delivery, occurred in the Langport Sub-district.

HEART DISEASES.—Cardiac affections caused 28 deaths, which were equally divided between the two Sub-districts.

The following table shows the number of deaths that have occurred since the beginning of 1901 and the mortality in each age period.

	All ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
1901	37	–	–	2	1	15	19
1902	34	1	–	–	–	12	21
1903	31	–	–	–	1	9	21
1904	37	–	–	–	1	6	30
1905	39	1	–	–	1	20	17
1906	42	–	–	1	–	15	26
Mean for Six Years	36·6	·33	–	·5	·66	12·8	22·3
1907	28	2	–	1	–	12	13

ACCIDENTS.—Five deaths were caused by misadventure, four of them occurring in the Langport Sub-district. One child died a few minutes after birth from suffocation, the mother being without an attendant when the child was born. A child died from a fall at birth. A boy, aged 14, died from injuries received by being crushed

by a horse against the handle of a pump. A man (54) was killed by the trunk of a tree rolling over him. Fracture of a femur caused the other death.

SUICIDES.—A man, aged 65 years, shot himself ; a woman, aged 75 years, threw herself out of a window ; both of these deaths occurred in the Langport Sub-district.

OLD AGE.—Twenty-two deaths were certified to be due entirely to senile decay. Sixteen of the aged people had resided in the Langport Sub-district. The age at death averaged 82 years and six months. The ages ranged from 74 to 97 ; three persons were over 90 years of age, eleven others had reached 80 years or more, and the other eight died when between 74 and 80 years of age. Bronchitis and Cerebral Hæmorrhage were certified to be the causes of death in two other persons over 90 years (95 and 91). The total number of deaths, of nonagenarians, was therefore five, one less than in 1906.

ALL OTHER CAUSES.—There were 26 deaths from causes not mentioned in Table IV., twelve in the Langport, and fourteen in the Somerton Sub-district. Two of the deaths were due to the malformation of children. The other deaths were caused by disease of various parts of the body.

HOUSE ACCOMMODATION.

In the more crowded parts of your District I think that there has been little, if any, improvement in the buildings used as dwelling-houses. Drastic measures will be advised unless some of the worst of these places are properly attended to, repaired, and cleansed.

In some parts of the District a number of decent cottages have been erected to take the place of the miserable hovels previously existing.

I cannot understand how people live in some of the houses in and around Henley ; badly constructed, damp, dark, unventilated, and in many cases in need of repair. These houses, often placed among most depressing surroundings, would, I am sure, be soon empty were other accommodation to be obtained.

Kingsbury, which a few years ago was quite as bad as Henley, has been provided with a number of new and good houses. The old huts with mud floors have mostly been allowed to remain standing ; they are gradually collapsing owing to natural decay and the effects of wind and rain. Some of these places were very picturesque, but they were unfit to be used as dwelling-houses.

Cottages that are, in one way or another, unsatisfactory can be found in every village. There are many in which ventilation of the upper rooms is quite impossible, and a great many more where there is not a bedroom in which a fire can be lighted.

THE DISPOSAL OF SEWAGE.

The Sewage of Langport is still deposited in the catchwater and cross-ditches. The more thorough flushing of these water-ways has undoubtedly had a most beneficial effect.

The water is much more clear, and I have not noticed any smell. In some places signs of contamination were to be seen occasionally, but the accumulation of waste matter so often noticeable previously was much less common in the past year.

I believe that if all privies emptying in the ditches were converted into earth-closets, and all waste from slaughter-houses, stables, and pig-styes excluded, the water-courses would always be quite free from smell, and that a more modern system of sewage disposal would not be needed. It would be necessary to provide dry earth to those people who could not easily obtain it, and to remove the waste as often as might be necessary.

I believe that in the villages the earth-closet system of Sewage disposal is much less objected to than it was a few years ago. The conditions existing at High Ham and East Lambrook are greatly improved, and more care is taken at Aller to prevent the ditch becoming blocked.

Ditches are still frequently badly polluted from ' bartons,' and heaps of manure placed near the roads, these heaps often being a great nuisance to those passing them.

WATER SUPPLY.

Somerton and Kingsdon are still well supplied with good water from Lytes Cary. I have never received any complaint about the quality or quantity of the water obtained from this source.

There was some anxiety felt at one time last year as to whether the supply of water from the Barrington source would become insufficient. The water did not fail, and I understand that it is very unlikely that any serious inconvenience will be experienced in the future.

The water from Compton Durville, from which source Kingsbury and Langport are supplied, has been much more satisfactory, although on a few occasions it has been very thick and yellow, and often cloudy.

Water from several of the wells in Muchelney having previously been proved to be impure, a deep 'test' well was sunk. The water from this well proved to be quite as impure as that obtained from most of the old sources. I am not aware that anything has been done towards the provision of pure water for this village since the analysis was made. This is not a matter that should not be allowed to drop. I know that there was some correspondence between the Council and

the agent for the estate, but, apparently, the Council has been too much occupied with other business to remember that the water supply to Muchelney continues to be unsatisfactory, and it is very certain that the agent will not himself take any action unless forced to do so by the Council.

Shallow wells, and unprotected surface springs, are the sources from which the inhabitants of most villages obtain drinking-water. Apparently many people do not object to road-dust, leaves, and other rubbish in their drinking-water.

THE DAIRIES.

Twenty-two dairymen were registered in 1907. Many, but not all of the Dairies were inspected. The inspection of Dairies has in the past been a most trying and unsatisfactory duty. Many defects might be noticed but, as a rule, all that could be done was to advise, and, from the manner in which advice has been accepted, it has been obvious that in many cases such advice would be disregarded. From the 1st of April the Dairy Bye-laws can be enforced and then these places will be properly dealt with. As a rule there is little to complain of in the Dairies, but the Cowsheds are frequently very filthy, and proper precautions to prevent pollution of the milk during its collection are very rarely taken. Perfect cleanliness in the Dairy is useless if the milk received there has previously been contaminated.

I again advise that cows whose milk is to be sold, either locally or at a distance, should be periodically examined by a veterinary surgeon, that when necessary the tuberculin test should be used, and that the Council should pay for such examinations. I do not know whether the money could be recovered from the Dairymen.

If you know how necessary cow's milk is to many infants, and to some invalids, you will not be unwilling to pay what may be necessary to ensure that all milk leaving your district shall be pure and free from germs which may cause disease.

THE SLAUGHTER HOUSES.

These places are in much the same condition as in former years, the owner of one has done all that is possible to prevent the business being a nuisance to neighbours, but others are less considerate. Slaughter Houses should not be allowed in Langport and Somerton ; proper structures should be erected outside the towns to be used by all the butchers.

ISOLATION AND DISINFECTION.

The Steam Disinfector which has been in the Council's possession since 1905 enables the sanitary officers to properly disinfect clothes, bedding and other articles.

The formaldehyde apparatus is most effective, but is not always used after Scarlet Fever when I consider sulphur fumes are often sufficient. There are houses that cannot possibly be fumigated. In those cases all that can be done is to well wash the furniture, floors, etc., with a disinfectant, and, if possible, to lime-wash the walls and ceiling when one exists.

Isolation in most of the houses in your District is quite impossible, there is no place to which infected persons can be removed, one person suffering from an infectious disease may infect many others simply because there is not an Isolation Hospital in the District. Such a hospital is needed, badly needed; I dread another outbreak of Diphtheria such as occurred in 1904 and 1905.

I have so often written on this subject that it is impossible for me to find fresh arguments to place before you. Now when the District is free from Infectious Disease is the proper time to provide means for isolating any cases that may later appear in the District.

BYE-LAWS.

Whether all the Bye-laws passed by the Council have yet been sanctioned by the Local Government Board I do not know, but those affecting Dairies, Cowsheds and Milkshops will come into force on the 1st of April.

FACTORIES AND WORKSHOPS.

It is almost impossible to discover all the small Workshops in such a District as yours.

I believe that those employed in the five Factories could easily escape from the premises should a fire break out in any of the buildings.

There are now 36 larger Workshops known to me, one less than in the previous year. I have not inspected all of them, but those visited were in good order and not over-crowded.

THE OUTWORKERS.—There were 169 Outworkers registered in 1907. I feel sure that number does not include all those who take work into their homes.

I am, Gentlemen,

Your obedient Servant,

A. R. NICHOLLS.

INSPECTOR OF NUISANCES REPORT.

WEARNE, LANGPORT, MARCH 23RD, 1908.

To A. R. Nicholls, Esq., M.O.H.

DEAR SIR,—Appended is a summary of the work done by me for the year ending 31st December, 1907, as Inspector of Nuisances for the Langport Rural District Council :—

Number of Premises inspected		504
,,	re-inspections	206
,,	nuisances abated	191
,,	cess-pits cleansed or repaired	84
,,	privies converted into earth closets	28
,,	ditches or water-courses cleansed	13
,,	drains cleansed or repaired	67
,,	houses disinfected	24
,,	slaughter-houses inspected	19
,,	bakehouses inspected	18
,,	cowsheds inspected	27

I am, dear sir,

Your obedient servant,

JOS. MATHISON.

TABLE I.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1907 AND PREVIOUS YEARS.

Name of District—LANGPORT RURAL.

Year.	Population estimated to Middle of each Year.	Births.		Total Deaths Registered in the District.				Total Deaths in Public Institutions in the District.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	Net Deaths at all Ages belonging to the District.	
				Under 1 Year of Age.		At all Ages						
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1897	13,911	347	24 94	30	88·24	218	15·67	5	...	...	...	...
1898	13,809	338	24·54	29	85·8	208	15·61	12	...	...	...	...
1899	13,709	319	23·27	51	159·87	250	18·23	6	...	...	...	...
1900	13,548	343	25·31	31	90·36	215	15·89	12	...	...	...	...
1901	13,413	336	25·5	24	71·42	207	15·43	10	...	...	...	...
1902	13,324	305	22·5	29	95·08	202	15·16	9	1	...	201	15·08
1903	13,536	349	25·78	38	108·38	201	14·84	5	0	...	201	14·84
1904	13,774	332	24·13	30	90·36	233	16·89	12	1	...	232	16·84

1905	13,925	349	25·06	29	83·09	220	15 76	20	1	?	219	15·72
1906	13,220	315	23·82	20	63·49	206	15·58	13	0	?	206	15·58
Averages for years 1897–1906	13,616·9	333 3	24·46	31·1	93·6	216	15·9	10·4	?	?	?	?
1907	13,168	338	25·66	28	82·84	186	14·12	9	0	9	195	14·808

*Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this Table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The "Public Institutions" to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made should be given on the back of this Table.

Area of District in acres (exclusive of area covered by water) } 59,410.

At Census of 1901.

Total population at all ages, 13,446.

Number of inhabited houses, 3,224.

Average number of persons per house. 4·16.

I. Institutions within the District receiving sick and infirm persons from outside the District.	II. Institutions outside the District receiving sick and infirm persons from the District.	III. Other Institutions, the Deaths in which have been distributed among the several localities in the District.
The Union Workhouse.	The Taunton and Somerset Hospital. The Bristol General Hospital. The Cotford Lunatic Asylum.	

Is the Union Workhouse within the District ?—Yes.

TABLE II.

VITAL STATISTICS OF SEPARATE LOCALITIES IN 1907 AND PREVIOUS YEARS.

Name of District.—LANGPORT RURAL DISTRICT.

Names of Localities.	1. Langport Registration Sub-district.				2. Somerton Registration Sub-district.			
Year.	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 Year.
	a	*b*	*c*	*d*	*a*	*b*	*c*	*d*
1897	7211	186	111	15	6700	161	107	15
1898	7142	158	85	11	6667	180	123	18
1899	7071	163	138	21	6638	156	112	20
1900	6952	171	102	20	6596	172	113	11
1901	6850	167	108	14	6563	169	99	9
1902	6781	161	106	10	6543	144	95	19

1903	?	153	105	23	?	196	96	15
1904	?	163	103	11	?	164	129	19
1905	?	159	102	17	?	199	117	12
1906	?	158	91	10	?	157	115	10
Averages of Years 1897 to 1906.	?	163	105·1	15·2	?	169·8	110·6	14·8
1907	?	175	106	16	?	163	89	12

NOTES.—(*a*). The separate localities adopted for this table should be areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block 1 may, if desired, be used for the whole district: and blocks 2, 3, &c., for the several localities. In small districts without recognised divisions of known population this Table need not be filled up.

(*b*). Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns *c* of this Table, and those of non-residents registered in public institutions in the district excluded. (See note on Table 1 as to meaning of terms "resident" and "non-resident.")

(*c*). Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

(*d*). Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in Tables I. and IV.: thus, the totals of sub-columns *a*, *b*, and *c* should agree with the figures for the year in the columns 2, 3, and 12, respectively, of Table I.: the gross total of the sub-columns *c* should agree with the total of column 2 in Table IV., and the gross total of sub-columns *d* with the total of column 3 in Table IV.

TABLE III.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1907.

Name of District—LANGPORT RURAL.

Notifiable Disease.	Cases Notified in whole District.							Langport Registration Sub-district.	Somerton Registration Sub-District.
		At Ages†—Years.							
	At all Ages.	Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards		
Small-pox	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup)	9	...	3	...	3	3	...	4	5
Erysipelas	4	...	...	1	...	3	...	4	...
Scarlet Fever	23	...	8	14	...	1	...	10	13
Typhus Fever... ...	...	...	...	...	...	...	...	...	...
Enteric Fever... ...	...	...	...	...	...	...	...	...	...
Relapsing Fever ...	...	...	...	...	...	...	...	...	...
Continued Fever ...	...	...	...	...	...	...	...	...	...
Puerperal Fever ...	...	...	...	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...	...
*									
Totals ...	36	0	11	15	3	7	0	18	18

NOTES.—The localities adopted for this Table should be the same as those in Tables II. and IV.

State in space below the name of the isolation hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent. Mark (H) the locality in which it is situated, or if not within the district, state where it is situated, and in what district. The name of the authority by whom the hospital is provided should also bo given. Mark (W) the locality in which a workhouse is situated.

*This space may be used for record of other disease the notification (compulsory or voluntary) of which is in force in the district.

†These age columns for notification should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

Isolation Hospital non-existent but much needed.

TABLE IV.

CAUSES OF, AND AGES AT, DEATH DURING YEAR 1907.

Name of District.—LANGPORT RURAL.

Causes of Death.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.							Deaths at all ages of "Residents" belonging to Localities whether occurring in or beyond the District.		Total Deaths whether of Residents or Non-Residents in Public Institutions in the District.
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Langport Registr'n Sub-Dct.	Somerton Registr'n Sub-Dct.	
1	2	3	4	5	6	7	8	9	10	16
Small-pox	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...
Whooping Cough	2	...	2	...	...	...	...	2	...	...
Diphtheria (including membranous croup)	3	...	1	...	2	...	...	2	1	...
Croup	...	...	...	...	...	...	...	...	...	...
Fever (Typhus)	...	...	...	...	...	...	...	...	...	...
Fever (Enteric)	...	...	...	...	...	...	...	...	...	...
Fever (Other continued)	...	...	...	...	...	...	...	...	...	...
Epidemic influenza	5	...	...	...	...	...	5	4	1	...
Cholera	...	...	...	...	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...	...	...
Diarrhœa (See notes)	1	1	...	...	...	...	...	...	1	...
Enteritis (See notes)	...	...	...	...	...	...	...	...	...	...

Puerperal Fever (See notes) ...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...
Other septic diseases	6	1	...	...	...	3	2	1	5	...
Phthisis (Pulmonary Tuberculosis)	7	...	...	...	...	7	...	5	2	...
Other Tubercular diseases... ...	6	...	...	3	3	...	...	4	2	...
Cancer, malignant disease (See notes)	18	...	...	...	...	8	10	8	10	1
Bronchitis	19	5	...	...	...	4	10	7	12	...
Pneumonia	5	...	...	...	1	3	1	3	2	...
Pleurisy	1	...	...	...	...	1	...	...	1	...
Other diseases of Respiratory Organs	1	...	...	...	...	1	...	1	...	...
Alcoholism } Cirrhosis of Liver }	4	...	...	...	...	3	1	2	2	...
Venereal diseases	2	1	...	...	...	1	...	...	2	...
Premature birth	4	4	...	...	...	...	...	2	2	...
Diseases and accidents of parturition	1	...	...	...	...	1	...	1	...	...
Heart diseases	28	2	...	1	...	12	13	14	14	1
Accidents	5	2	...	1	...	1	1	4	1	1
Suicides	2	...	...	...	...	...	2	2	...	...
Old Age	22	...	...	...	...	...	22	16	6	2
Debility from birth	6	6	...	...	...	...	...	5	1	...
Cerebral Hæmorrhage	18	...	...	...	...	8	10	9	9	2
Convulsions	3	2	1	...	...	...	...	2	1	...
All other causes	26	4	2	1	1	13	5	12	14	2
All causes	195	28	6	6	7	66	82	106	89	9

TABLE V.

INFANTILE MORTALITY DURING THE YEAR 1907.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 month.	1-2 months	2-3 months	3-4 months	4-5 months	5-6 months	6-7 months	7-8 months	8-9 months	9-10 months	10-11 months	11-12 months	Total deaths under one year
All Causes. { Certified	11	2	2	1	16	4	4	2	...	...	...	...	2	...	...	...	28
All Causes. { Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
ii. Diarrhœal Diseases.—Diarrhœa, all forms	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
iii. Wasting Diseases. { Premature Birth	3	...	...	...	3	1	...	...	...	...	...	...	...	...	...	...	4
iii. Wasting Diseases. { Congenital Defects (see notes)	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	2
iii. Wasting Diseases. { Injury at Birth	3	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	3
iii. Wasting Diseases. { Atrophy, Debility, Marasmus	3	1	...	...	4	...	1	1	...	...	...	...	1	...	...	...	7
v. Other Causes { Syphilis	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1
v. Other Causes { Convulsions...	...	...	1	...	1	...	...	1	...	...	...	...	...	...	...	...	2
v. Other Causes { Bronchitis	...	1	1	...	2	2	...	...	...	...	...	...	1	...	...	...	5
v. Other Causes { Other Causes	1	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	3
	11	2	2	1	16	4	4	2	...	...	...	...	2	...	...	...	28

Rural District of Langport.
Births in the year { legitimate / illegitimate } 338
Deaths from all causes at all ages, 196.
Population estimated to middle of 1907, 13,168.
Deaths in the year of { legitimate / illegitimate } 28

NOTES TO TABLES IV. AND V.

(*a*) In Table IV., all deaths of "Residents" occurring in public institutions, whether within or without the district, are to be *included* with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, to be *included* among the deaths in their respective "Localities" according to the previous addresses of the deceased as given by the Registrars. Deaths of "Non-residents" occurring in public institutions in the district are in like manner to be *excluded* from columns 2-8 and 9-15 of Table IV.

(*b*) *See* notes on Table I. as to the meaning of "Residents" and "Non-residents," and as to the "Public Institutions" to be taken into account for the purposes of these Tables. The "Localities" in Table IV. should be the same as those in Tables II. and III.

(*c*) All deaths occurring in public institutions situated within the district, whether of "Residents" or "Non-residents," are, in addition to being dealt with as in note (*a*), to be entered in the last column of Table IV. The total number in this column should equal the figures for the year in column 9, Table I.

(*d*) The total deaths in the several "Localities" in columns 9-15 of Table IV. should equal those for the year in the same localities in Table II., sub columns c. The total deaths at all ages in column 2 of Table IV. should equal the gross total of columns 9-15, and the figures for the year in column 12 of Table I.

*(*e*) Under the heading of "Diarrhœa" are to be included deaths registered as due to Epidemic diarrhœa, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhœa, Dysentery and Dysenteric diarrhœa, Choleraic diarrhœa, Cholera and Cholera Nostras.

In addition, and as regards deaths of children *under one year of age*, under the heading "Diarrhœa" in column 3 (Table IV.) are to be included all deaths classified as "Diarrhœal diseases" in Table V.

Under the heading of "Enteritis" in Table IV., are to be included only deaths *over one year of age* registered as due to Enteritis, Muco-enteritis, Gastro-enteritis, Gastric catarrh, Gastritis, and Gastro-intestinal catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, under the specific term "Diarrhœa." Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter

(*f*) Under the headings of "Cancer" and "Puerperal Fever" should be included all registered deaths from causes comprised within these general terms. Thus: Under "Cancer" should be included deaths from Cancer, Carcinoma, Malignant disease, Scirrhus, Epithelioma, Sarcoma, Villous tumour, and Papilloma of bladder, Rodent ulcer. Under "Puerperal Fever" are to be included

deaths from Pyæmia, Septicæmia, Sapræmia, Pelvic peritonitis, Peri- and Endo-Metritis occurring in the Puerperium.

(*g*) Under "Congenital Defects" in Table V. are to be included deaths from Atelectasis, Icterus neonatorum, Navel hæmorrhage, Malformations and Congenital hydrocephalus.

(*h*) Under "Tuberculous Meningitis" are to be included deaths from Acute hydrocephalus.

(*i*) Under "Other Tuberculous Diseases" are to be included deaths from Tuberculosis, Tuberculosis of bones, joints and other organs, Lupus and Scrofula.

(*j*) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified"; all other deaths are to be regarded as "Uncertified."

In recording the facts under the various headings of Tables I., II. III., IV. and V., attention has been given to the notes on the Tables.

*As regards infantile diarrhœa and Table V., it will suffice if Medical Officers of Health, who have already tabulated deaths of 1906 in accordance with the schedule of the Incorporated Society of Medical Officers of Health, enter all deaths under one year that they regard as due to diarrhœa under the single heading "Diarrhœa, all forms."

This, having been done, it will be necessary that the entry against "Diarrhœa" in column 3 of Table IV. should tally with the sum of deaths under "Diarrhœa, all forms," entered in the final column of Table V.

